

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1952

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Broseley RT # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
In this community _____

3. (a) PRINT FULL NAME Charles E Lee

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 26, 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 25 If less than one day hr. min.

9. Birthplace Broseley Route # 1 Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Everett Lee

13. Birthplace Bunker, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Borthy Wells

15. Birthplace Greenville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Everett Lee

(b) Address Broseley RT # 1 Mo. D

17. (a) Burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Veil Cemetery

18. (a) Signature of funeral director Geer-Croy Funeral Service

(b) Address Poplar Bluff, Missouri

19. (a) 1/29/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Broseley RT # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1941 hour 11 minute 05 A. M.

21. I hereby certify that I attended the deceased from at death on Jan 21, 1941, to _____, 19____; that I last saw him alive on Dec 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Convulsions
Lobar Pneumonia 12 hrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature P. J. Farley M.D. (M. D. or other) _____

Address St. Louis Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.